

1144

MAR-66 RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Hila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>162</u>
District of <u>Rice</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>661</u>
Town of <u>Rice</u>			Local Registrar No. _____
or <u>Rice</u>			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Cora Sisto</u>		{ If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	5. Legitimate? <u>yes</u>
7. Date of birth <u>8 21 24</u>		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Melvin Sisto</u>		Full maiden name <u>Flora Kerdill</u>	
9. Residence (Usual place of abode) <u>Rice, Ariz.</u>		15. Residence (Usual place of abode) <u>Rice, Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
16. Color or race <u>4/8 Indian</u>	11. Age at last birthday <u>44</u> (Years)	16. Color or race <u>4/8 Indian</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Rice, Ariz.</u>		18. Birthplace (city or place) <u>Rice, Ariz.</u>	
(State or country) _____		(State or country) _____	
13. Occupation <u>Farmer</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>no</u>	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that <u>born alive</u> the birth of this child, who was <u>born alive</u> at <u>1 P.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>E. H. Sawyer</u>	
		(Physician or midwife)	
Address <u>San Carlos, Ariz.</u>			
Given name added from a supplemental report _____		Local Registrar. <u>E. H. Sawyer</u>	
Month, day, year. _____		County Registrar. _____	
Registrar. _____		Filed <u>SEP 5</u> 19 <u>24</u>	

326-821-673